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APPLICANTS

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**** CONTINUING DATA **********

**** FOREIGN APPLICATIONS **********

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Foreign Priority claimed	☑ yes ☐ no	GERMANY	1	18	2
35 USC 119 (a-d) conditions met	☑ yes ☐ no ☐ Met after Allowance				
Verified and Acknowledged	Examiner's Signature / Initials				

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TITLE

Personal electronic web health log

FILING FEE RECEIVED	FEES: Authority has been given in Paper
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